Battle Plan Training: Module 5

Combat Stress Control Consultation

Battle Plan Training Objectives

- The Battle Plan Training modules were developed:
  - To establish a structured training program for all Division Mental Health Section members;
  - To clarify the DMHS's tactics, techniques and procedures in Combat Stress Control operations.

Module 5 Objectives

- Combat Stress Control Prevention
- Principles of Consultation

Additional Resources

- During review of this Module, consult *Field Manual 8-51, Combat Stress Control in a Theater of Operations, Chapter 4.*

- The following resources may also prove helpful:
  - *FM 22-51, Leaders' Manual for Combat Stress Control*
  - *FM 8-55, Planning for Health Service Support*

Combat Stress Control Prevention

Primary Emphasis of CSC

- Primary Emphasis of CSC:
  - Increase mission-oriented motivation and;
  - Decrease stress-related casualties.

- Consultation is highest priority in CSC:
  - Enhancement of unit cohesion
  - Assessing risk factors
  - Recognition of signs of stress
  - Leaders' actions to control stressors
  - Individual stress management skills.

Combat Stress Prevention

- Combat Stress Prevention Programs
  - Reduce the incidence of stress casualties.
  - Promote early recovery and RTD of casualties.
  - Prevents overload of CHS system.
- Consultation has the highest priority among CSC functions.
  - If consultation is deferred for any reason, BF casualties could easily overwhelm the system.

Combat Stress Prevention

Operations During War

- Focus on RTD of BF casualties.
- Historically, 1/6th to 1/3rd of all battle casualties were BF.
- Today's fast paced battles, require consultation to occur well before fighting starts.

Operations Other than War

- Focus on misconduct stress behaviors and maintaining unit cohesion.
- BF is rarely seen in OOTW.
- The enemy will attempt to provoke our troops to commit misconduct behaviors (ie war crimes) to endanger the mission.

Combat Stress Prevention

- Despite the differences between Operations during War and OOTW:
  - psychological, traumatic, and catastrophic events can and do occur.
  - CSC personnel must be prepared to provide CSC intervention.

Principles of Consultation

Principles of Consultation

- Value of CSC
- CSC Consultants
- Consultees
- Consultant Activities
  - Before Combat
  - During Mobilization
  - During Combat
  - For Medical Personnel
  - During Demobilization

Value of CSC

- Battle Fatigue accounts for 1/6th to 1/3rd of all casualties.
- CSC measures can reduce BF casualties to fewer than 1 in 10 Wounded in Action (WIA) and expedite early RTD. CSC also reduces:
  - Substance abuse
  - Misconduct
  - Suicide
  - Home Front Problems
  - Worse stress disorders

CSC Consultants

- Consultation can be provided by:
  - All mental health/CSC professional disciplines and;
  - Mental health/CSC Enlisted MOSs.
- Cohesive officer/NCO teams function best.
  - This multidisciplinary approach enhances effectiveness, but requires more sharing of information.

Consultees

Potential Consultees

- Unit Leaders (all levels)
- Chaplains and their assistants
- Physicians and Physician Assistants
- Combat Medics
- Other medical personnel.
- Staff Officers and NCOs

Keep in Mind

- Some medical personnel may be from the Professional Filler System (PROFIS) or Individual Ready Reserve and may require quick CSC education.
- Teach them not to overdiagnose stress casualties!
- A good consultant shares his knowledge! Do not guard it as a trade secret!

Consultant Activities Before Combat

Consultant Activities Before Combat

- Develop unit's trust and confidence.
  - Occurs well before the requested consultation.
  - The consultant must have a credible military bearing.
  - The consultant must know the vocabulary, missions, acronyms and skills used by supported units.
  - These visible military features are more important than professional credentials.

Consultant Activities Before Combat

- Trust and confidence can be established by:
  - Present a briefing on CSC mission at commander calls, and officer/NCO professional development sessions.
  - Arrange visits to unit leaders and work areas. Choose times when they can explain and demonstrate their mission. Participate as an observer.
  - Attend ceremonies and participate in activities.
  - Develop briefings, classes, information papers, and practical exercises that focus on mission scenarios.

Consultant Activities Before Combat

- Practical exercises for the unit may include:
  - BF recognition
  - Building unit cohesion
  - Performing stress management techniques
  - Developing psychological preparation for NBC defense
  - Preventing BF and Misconduct Behaviors during terrorist, guerrilla operations, and restrictive rules of engagement.
  - Treating Enemy Prisoners of Wear according to the Geneva Conventions
  - Recognizing substance abuse and rehabilitating abusers.
  - Conducting grief management
  - Controlling family issues (including knowing how to access supporting agencies).
  - Preparing families for deployment.

Consultant Activities Before Combat

- Personal Contact
  - Most effective consultations begin with face-to-face contact.
  - Other means of communication, such as telephone and radio, can be used for follow-up sessions.
  - Face-to-face contact, however, is preferred throughout the consultation process.

Consultant Activities Before Combat

- ✔ Gather Information
  - Conduct a Unit Survey and Focus Interviews
    - Interview 8-12 soldiers in a group
      - Surveys use open-ended questions
      - Focus Interviews use directed questions, usually focused on one specific issue.
      - Information is recorded and trends are observed.
  - Administer Survey Instruments
    - Administer standardized questionnaire to a unit at one time
      - Used to assess unit cohesion, readiness, and stress control familiarity.
      - Work best when endorsed by higher command.
      - Share information with junior leaders.
      - Reframe results in positive terms to encourage work on problem areas.
      - Anonymity is important.

Consultant Activities Before Combat

- Gather Information
  - Information about unit stressors can be clarified through:
    - Leaders
    - MP blotter reports
    - Unit Surgeons
    - Chaplains
    - Judge Advocate General
  - The following indicate unit stressors:
    - Many disciplinary actions
    - High AWOL rates
    - Inspector General complaints
    - Increased requests for transfer to another unit
    - Alcohol and drug charges
    - High sick call rates
    - Fights, injuries, self-inflicted wound
    - Homicidal and suicidal behaviors

Consultant Activities Before Combat

- Gather Information
  - Information about home front stressors can be clarified through:
    - Unit's rear detachment
    - Post's Deputy for Personnel and Civilian Affairs
    - Medical Department agencies, especially Mental Health
  - The following indicate home front stressors:
    - Spouse and child abuse
    - Bad Checks and financial problems
    - High number of separations and divorces
    - Significant numbers of couples in counseling
    - Family members caught shoplifting, or involved in other crimes.

Consultant Activities Before Combat

- ✔ Assist in Prevention Programs
  - Transition Workshops
    - Normally requested by an incoming commander.
    - Involves staff discussion of unit's strengths and weaknesses.
    - Provides the new commander with an opportunity to discuss his leadership style.
  - Reliability Screening
    - As required by AR 40-501
  - Alcohol and Drug Programs
    - In the TO, there are no formal substance abuse programs.
    - Ad hoc support groups can be formed as needed.

Consultant Activities Before Combat

- Planning
  - All personnel are involved in the planning process.
  - Need to develop plans addressing CSC issues:
    - Measures for monitoring and controlling stressors
    - Stress casualty estimates
    - Input for restoration/reconstitution support
    - Prevention programs
    - Procedures for returning BF casualties to duty
    - Coordinating with other CSC assets

Consultant Activities Before Combat

- Planning
  - CSC personnel provide the Command Surgeon input for the CHS estimate and plan.
  - Optimize CSC efforts through planning:
    - Proactive Measures are important!
      - Pre-positioning CSC personnel for best support.
      - Anticipate BF casualties by knowing the combat plan.
    - Rapid Reaction is necessary when supporting highly mobile units on a quickly changing battlefield.

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Consultant Activities During Mobilization

Consultant Activities During Mobilization

- Planning
  - Revisit prior planning and adjust as needed.
- Coordinate with Supported Units
  - Confirm points of contact within units
- Home Station Support
  - Remind commanders of the home front's importance to soldiers' combat performance.
  - Assist with Family Support Groups

Consultant Activities During Combat

Consultant Activities During Combat

- Establish a base of operation
  - The logistical support unit (ie. FSMC or MSMC)
- Continuing Pre-Deployment CSC Consultation
  - CSC consultation and training never stop.
  - Senior leadership needs briefings to promote full cooperation with the CSC mission.

Consultant Activities During Combat

- Movement in Combat
  - Outside of secured areas, there is an increased risk for injury.
  - Coordination with the Tactical Operations Center is essential.
  - CSC personnel must be proficient at common soldier skills.
- Prioritize CSC Consultation
  - The highest priority is assigned to the consultation which offers the greatest immediate potential to conserve fighting strength.

Consultant Activities During Combat

- Staff Planning
  - Continue to review plans and estimates
  - Update plans as needed.

- Visits to Supported Units
  - Periodic visits to maintain face-to-face contact.
  - Consultant needs to develop a way to be quickly contacted in case of emergency (eg. Radio).
  - Daily visits are made to units within the immediate vicinity (ie BSA, DSA).
    - REST BF cases are monitored in their unit areas during these visits.

Consultant Activities During Combat

- Consultation to Unit Leaders
  - Can focus on how to:
    - Talk with soldiers about BF experiences
    - Provide reassurance
    - Ensure sleep/rest requirements are met
    - Provide adequate nourishment and fluids
    - Practice personal hygiene
    - Conduct work activities
    - Provide recreation
    - Initiate after-action debriefings

Consultant Activities During Combat

- Treatment Considerations
  - Maneuver units positioned in forward areas have personnel who are only fit for full duty.
  - Limited or light duty (REST) is non-existent in these units.
  - Alternative units for REST category soldiers:
    - The battalion's HHC
    - Combat Support Service units
    - Other units outside of the casualty's organization are least preferred.

Consultant Activities During Combat

- Treatment Considerations
  - REST category soldiers
    - Monitored by CSC consultants
    - RTD must be coordinated with soldier's unit
      - Do not use ambulances to return soldiers to their units!
    - Reintegration of a REST soldier into his unit requires
      - Brief note or oral instructions to unit leader/chaplain.
    - Re-evaluate REST soldiers who fail to improve
      - Rule-out malingering
      - Advise supervisors to increase expectations of improvement
      - Reduce the comfort of the facility (to diminish secondary gain)
      - Increase unit leaders' visitations

Consultant Activities During Combat

- Debriefings
  - After-action debriefings
    - Conducted by all leaders of small units after all operations.
    - Focused on lessons learned from the operation.
  - Large group debriefings
    - Best after smaller after-action debriefings have occurred.
  - Critical event debriefings
    - Reserved for exceptionally traumatic events.
    - Debriefing teams consist of 2-4 personnel.
    - Teams are led by CSC personnel with assistance from chaplains, medical personnel, and unit leaders.
  - *Each form of debriefing has sharing and recognizing feelings, emotions and thoughts in common.*

Consultant Activities for Medical Personnel

Consultant Activities for Medical Personnel

- Common Consulting Issues
  - Give immediate reassurance to BF soldiers
  - Separate BF soldiers from other casualties
  - Caution medical personnel against overevacuation.
    - BF evacuations must be approved by the Division Psychiatrist.
  - Common Types of NP casualties
    - Organic Mental Disorder
    - Major Psychiatric Disorder leading to a medical/surgical condition
    - Euphoric/Depressed soldiers following a major wound/injury
    - Anticipatory BF in wounded soldiers who expect to RTD
    - Home front-related worries

Consultant Activities for Medical Personnel

- Medical personnel are not immune to BF
  - Consultation to command may focus on these stressors:
    - Around-the-clock emergency care
    - Placing surgical patients in the “Expectant” category
    - Saving the grossly wounded patient (even when he asks to be euthanatized).
    - Treating well-known soldiers
    - Maintaining appropriate interpersonal relationships
    - Unwinding during lulls in action without slipping into misconduct stress behaviors.
    - Boredom

Consultant Activities for Medical Personnel

- Recommendations
  - Establish a sleep plan and shift schedules
  - Improve time management skills
  - Build team and unit cohesion
  - Provide leisure time activities
  - Train on how to conduct after-action debriefings.
- Don’t forget other supporting personnel!
  - Chaplains, food service, mortuary affairs personnel, and even the CSC consultant!

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Consultant Activities During Demobilization

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- The conclusion of the conflict demands as much attention as the beginning.
  - Recommend scheduled time for soldiers to talk about their experiences.
    - This time should be scheduled days before demobilization.
    - Mission duties should be kept at a minimum.
    - Squads, teams and platoons should be kept together.
  - Recommend keeping the units personnel together for several days after reaching the home station.
    - Do not immediately grant block leave.
    - Grant liberal commander's time to resolve personal problems.
    - Maintain a light, half-day schedule.

Consultant Activities During Demobilization

- ✔ Recommend Emotional Closure Methods
  - Memorial Ceremonies
  - Postcombat Debriefing
    - Focusing on traumatic experiences, morally conflicting issues, frustrations, and feelings of loss.
    - Forewarning normal reactions to traumatic situations
      - Bad dreams
      - Increased alertness
      - Sense of being alienated from others who did not share the experience.
  - Reunion Briefings
    - Identifying how family members, friends, and society may have changed since deployment.

Conclusion

- Consultation has the highest priority among all CSC functions.
- Consultation requires constant activity by CSC staff to develop CSC plans, to monitor units, and to train supported personnel.
- The CSC consultant can effectively increase the fighting force by actively providing consultation at every stage of combat.